PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10-799 908

			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		· P			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		φ			X43=		OR	X86=	·
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290= .	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOŢAL		OR	TOTAL	710	
la	CLAIMS AS AMENDED - PART II 12-18-06 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
NOMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	- 20	Minus	- 2	0	- (X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	TENDENT	CL AIAA	=	[X43=		ÓR	X86=	
	ring i Press	TAINION OF MI	JETTPLE DEI	· ·	CLANVI			+145=		OR	+290=	
		•		•			A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	0
(Column 1) (Column 2) (Column 3)												
ENT B	5/20/01	CLAIMS REMAINING AFTER AMENDMENT	-	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI TIONAL FEE
AMENDMENT	Total	· 20	Minus	- 2	Ø .	· ()		X\$ 9=		OR	X\$184	
	Independent	NTATION OF MU	Minus	SENDENT	3	* (/).		X43≖		OR	X86=	
	ringi Frese	MATION OF MO	LIPLE DEF	ENDER	CLANG			+145=		OR	/+290 =	
								TOTAL DIT. FEE		OR,	TOTAL DOIT, FEE	
(Column 1) (Column 2) (Column 3)												
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOU PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
ğ	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
~	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									DR	+290=	
-	the Highest Nur	nber Previously Pai mber Previously Pai ber Previously Paid	d For IN THIS	S SPACE is	less than	3, enter 3.*		TOTAL DIT. FEE	•	•	DDIT. FEEL	·